U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 5254 3. Name and address of person filing. Name PATRICIA A LLERAS	T/Z/2004 Through: Z/31/2004 4. Name, file number, and address of labor organization. Name AFL-CTO
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Name PATRICIA ALLERAS	Name
	AND THE WAR AND TH
	Labor Organization File Number 00010 6
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 815 16th Street, NW	Street 815 16th Street, NW
city Washington	City WASHINGTON
State DC ZIP Code + 4 20006	State DC ZIP Code + 4 2000 6
5. Position in labor organization.	
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization.	Ion represents or is actively seeking to represent.
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
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Trade Name, if any:	
P.O. Box, Bidg., Room No., if any	7.b. Amount.
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State ZIP Code + 4 Linguistic control of the cont	
15. Signature and verification. The undersigned declares, under penalty of	ying documents), has been examined by the signatory and is, to the best of the
signed Satricia a Gleras	On 8 3 10 5 202 - 1630 - 3910 Telephone Number

Name of Felson Filling PATIRICIA HILLER	45 	File Number 0-
B. Held an interest in or derived income or economic benefit with monetary val substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is actively any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	wise dealing with the busines vely seeking to represent, or lirectly to, or otherwise	s
8. Name and address of Business (including trade name, if any). Name MCLaugh LIN Company Trade Name, if any: P.O. Box, Bldg., Room No., if any Street MA5 De Sales Street, NW City WASHING-TON State DC ZIP Code +4 2003 6	9. Business deals with: a. Labor Organiza b. Trust c. Employer	ation
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(including trade name, if any).		
Name		
Trade Name, if any:		
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13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	

Form LM-30 (2003)

Name of Person Filing PATRICIA A. LLERAS	File Number U-
B. Held an interest in or derived income or economic benefit with monetary val substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or lirectly to, or otherwise
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Name of Person Filing PATRICIA H, LLERAS	<u> </u>	File Number U-	
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